Part A. Expenditures and Provision Method

OMB No. 0970-0234 Expiration Date: 5/31/2008

| STATE: | FISCAL YEAR: | | Report Period: | |
|-----------------|--------------|------------------|----------------|--|
| Contact Person: | | Phone Number: | | |
| Title: | | E-Mail Address: | | |
| Agency: | | Submission Date: | | |

| | | SSBG Ex | SSBG Expenditures | | | Provision Method | |
|-----|---|--------------------|---------------------------|--|-----------------------|------------------|---------|
| | | Funds | | Expenditures of All | T | | |
| Ser | vice Supported with SSBG Expenditures | SSBG Allocation | transferred into SSBG* | Other Federal, State and Local funds** | Total Expenditures | Public | Private |
| 1 | Adoption Services | | | | | | |
| 2 | Case Management | | | | | | |
| 3 | Congregate Meals | | | | | | |
| 4 | Counseling Services | | | | | | |
| 5 | Day Care—Adult | | | | | | |
| 6 | Day Care—Children | | | | | | |
| 7 | Education and Training Services | | | | | | |
| 8 | Employment Services | | | | | | |
| 9 | Family Planning Services | | | | | | |
| 10 | Foster Care Services—Adults | | | | | | |
| 11 | Foster Care Services—Children | | | | | | |
| 12 | Health Related Services | | | | | | |
| 13 | Home Based Services | | | | | | |
| 14 | Home Delivered Meals | | | | | | |
| 15 | Housing Services | | | | | | |
| 16 | Independent/Transitional Living Services | | | | | | |
| 17 | Information & Referral | | | | | | |
| 18 | Legal Services | | | | | | |
| 19 | Pregnancy & Parenting | | | | | | |
| 20 | Prevention & Intervention | | | | | | |
| 21 | Protective Services—Adults | | | | | | |
| 22 | Protective Services—Children | | | | | | |
| 23 | Recreation Services | | | | | | |
| 24 | Residential Treatment | | | | | | |
| 25 | Special Services—Disabled | | | | | | |
| 26 | Special Services—Youth at Risk | | | | | | |
| 27 | Substance Abuse Services | | | | | | |
| 28 | Transportation | | | | | | |
| 29 | Other Services*** | | | | | | |
| 30 | SUM OF EXPENDITURES FOR SERVICES | | | | | | |
| 31 | Administrative Costs | | | | | | |
| 32 | SUM OF EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS | | | | | | |

^{*} From which block grant(s) were these funds transferred?

^{**} Please list the sources of these funds:___

^{***} Please list other services:_

Part B. Recipients

STATE: FISCAL YEAR: OMB No. 0970-0234 Expiration Date: 5/31/2008

| | | | | Adults | | | |
|-----|--|----------|---------------------------|-------------------------|--------------------------|-----------------|-------|
| Sei | vice Supported with SSBG Funds | Children | Adults Age 59 and Younger | Adults Age 60 and Older | Adults of Unknown Age | Total Adults | Total |
| 1 | Adoption Services | | | | | | |
| 2 | Case Management | | | | | | |
| 3 | Congregate Meals | | | | | | |
| 4 | Counseling Services | | | | | | |
| 5 | Day Care—Adult | | | | | | |
| 6 | Day Care—Children | | | | | | |
| 7 | Education and Training Services | | | | | | |
| 8 | Employment Services | | | | | | |
| 9 | Family Planning Services | | | | | | |
| 10 | Foster Care Services—Adults | | | | | | |
| 11 | Foster Care Services—Children | | | | | | |
| 12 | Health Related Services | | | | | | |
| 13 | Home Based Services | | | | | | |
| 14 | Home Delivered Meals | | | | | | |
| 15 | Housing Services | | | | | | |
| 16 | Independent/Transitional Living Services | | | | | | |
| 17 | Information & Referral | | | | | | |
| 18 | Legal Services | | | | | | |
| 19 | Pregnancy & Parenting | | | | | | |
| 20 | Prevention & Intervention | | | | | | |
| 21 | Protective Services—Adults | | | | | | |
| 22 | Protective Services—Children | | | | | | |
| 23 | Recreation Services | | | | | | |
| 24 | Residential Treatment | | | | | | |
| 25 | Special Services—Disabled | | | | | | |
| 26 | Special Services—Youth at Risk | | | | | | |
| 27 | Substance Abuse Services | | | | | | |
| 28 | Transportation | | | | | | |
| 29 | Other Services | | | | | | |
| 30 | SUM OF RECIPIENTS OF SERVICES | | | | | | |